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FORM B LEGISLA FINANCIAL DISCLOSURE STATEMENT FOR New Members, Candidates, and New Employees 18 S	18 SEP 19 PM 4:59
Name: BRIAN KELLY JACKON Daytime Telephone 15. HOURS	OFFICE OF TAX STANK I.S. HOUSE OF REPRESENTATIVES
New Member of or Candidate for State: OK U.S. House of Representatives District 02 Check if Candidates - Date of Election: UNE 26, 2018 (PUMARY) Amendment	(Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant Description Covered: January 1. 20/8 A \$200 penal	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Or in the current calendar year up through the date of filing? b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period or in the current calendar year up through the date of filing?	of filing? Yes V No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of fiting?	with an Yes No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	a yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	STE .
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	IONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	uded Yes No
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ts for Yes No V

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Name: BRIAN
KELLY JACKSON
Page 2 of 8

## \$500,001-\$5,000,000 ## Type of Income (Specify: e.g., Partnership Income of Farm Income) ## \$500,001-\$51,000,000 ## Type of Income (Specify: e.g., Partnership Income of Farm Income) ## \$500,001-\$51,000,000 ## Type of Income (Specify: e.g., Partnership Income) ## Type of Income ## Type of Incom	America (AIVSX)	IA A	12A-FUNDAMENTAL	ABC Hoope Fund X	Tunder.	DC, Mega Corp Strock	\$ F	For bank and other cash accounts, total the amount in still interest-bearing accounts. If the total is over \$5,000, six every flancial metitation where there is more than \$1,000 in interest-bearing accounts. For rental and other real properly hald for investment properly, and a city and state. For an ownership interest in a privately-hald business that is not publicly tradead, state the name of the business. The nature of its activities, and its geographic location in Block A. Exclude: You personal residence, including second fromes and vision thomes (unless them was rental income during the reporting period); and any financial income during the reporting period; and any financial interest in, or income defined from, a federal retirement program, including the Thrift Savings Plan. If you report a privately-haded fund that is an excepted investment Fund, please check the "Elifbox. If you so choose, you may indicate that an asset or dependent child (CC), or jointly held with anyone (JT), in the optional column on the fair left. For a detailed discussion of Schedule A requirements, please order to the instruction bookler.	For all IRAs and other relitement plans (such as 401(t) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	(do not use only licker symbols).			Assets and/or income Sources	BLOCK A
					tro-cino	*		\$1,001-\$15,000 C \$15,001-\$10,000 C \$50,001-\$100,000 C \$100,001-\$200,000 C \$250,001-\$500,000 C \$250,001-\$50,000,000 C \$5,000,001-\$5,000,000 C \$5,000,001-\$50,000,000 C \$5,000,001-\$50,000 C \$5,0			2	A.E.	Value of Asset	BLOCK B
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				Transfer Annual				\$1,5200				For assets for assets indicate capital gains.	Amount of Income	BLOCK D

Name: BRIAN KELLY JACKS	BRIAN	
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Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

Name: BRIAN KELLY JACKS W PAGE 4 of 8

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "serior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	come may apply to you after yo limit is \$28,050. In addition, certu r staff.	u are on House payroll. The 2017 ain types of income (notably honorar	' limit on outside earned income for ia, director's fees, and payments for
Carried final day afternative for homographs	Time		Amount
Source (include date of receipt for nonorana)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Bellimore, MD (July 15)	Honoration	\$0	\$500
Examples: Civil Wis Roundlable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Speech	NA 0 \$0	VAN 000'1\$
STATE OF OKLAHOMA	Harries	45.986,401	
CONSULTING FOR CITY OF GROVE, OK	,		2,000
STATE OF OKAHOMA! NORTHEMSTERN STATE UNIVERWITY			³ 98, 552.04

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Mambers: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spause or dependent child.

				50 A		
			Example			
			First Bank of Wilsnington, DE	Creditor		
			5/98	Date Liability Incurred MO/YR		
			Mortgage on Rentel Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	68	
				\$50,001- \$100,000	c	
			×	\$100,001- \$250,000	6	A
				\$250,001- \$500,000	υń	Amount of Liability
				\$500,001- \$1,000,000	71	t of Li
				\$1,000,001- \$5,000,000	จ	ability
				\$5,000,001- \$25,000,000	32	
				\$25,000,001- \$50,000,000	-	
				Over \$50,000,000	٥.	
1				Over \$1,000,000* (Spouse/DC Liability)	*	

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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting nearly related a parties and new employees report positions held in the current calendar year and two regions years.

period and the current calendar year. First-year candidate	period and the current calendar year. First-year candidates and new employees report positions need in the current calendar year and two previous years.
Position	Name of Organization
PARTNER	THREE RIVERS ANALYTICS, LLC
	The state of the s

Identify the da continuation of employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a le continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.
Date	Parties to Agreement	Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

	Source (Name and City/State)	Brief Description of Duties
Ехатрію:	Doe Jones & Smith, Hometown, Homestate	Accounting Services

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Account Value History

Account Information for:

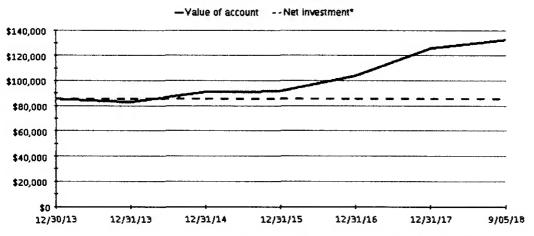
87751153 CB&T CUST IRA	\$132,601.93
BRIAN K JACKSON	Account Value as of 09/05/2018

Account Activity Summary as of 09/05/2018

	Since Initial Investment (since 12/30/2943)	Year-to-Date		
Beginning Account Balance	\$85,652.84	\$126,041.81		
Additions	\$0.00	\$0.00		
Withdrawals and Fees	\$50.00	\$0.00		
Exchanges	\$0.00	\$0.00		
Grind/Declines	\$46,999.09	\$6,560.12		
Ending Account Balance	\$132,601.93.	\$132,601.93		

Important: account activity summary and value history may include data for funds no longer owned.

Portfolio Value History Chart as of 09/05/2018



*Net investment is the total amount invested minus the total amount withdrawn.

Look up historical balance

The information provided on this page is only for funds and accounts held directly with American Funds. Some values shown may be for funds that do not currently appear on the Portfolio page.

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AdChoices



BRIAN K JACKSON

\$132,601.93

Total Portfolio Value as of 09/05/2018

87751153 CB&T CUST IRA BRIAN K JACKSON Account Value \$132,601.93 as of 09/05/2018

Class A Shares	NAV	Shares	Current Value
Fundamental Investors (ANCFX)	\$64.47	732.698	\$47,237.04
The Investment Company of America (AIVSX)	\$41.41	1,101.390	\$45,608.56
Washington Mutual Investors Fund (AWSHX)	\$46.46	855.711	\$39,756.33

Total Account Value **\$132,601.93**